

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1	1			
4		1				
5	1		1			
6	1		1	1		
7		1		1		
8		1		1		
9		1		1		
10		5		3		
11		1		3		
12	1	1	1	1		
13		1		1		
14	1		1	1		
15	1					
16	1					
17	1		1	1		
18				1		
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TOTAL IND.	8	↓	9	↓		↓
TOTAL DEP.	13	↓	17	↓		↓
TOTAL CLAIMS	18		22			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS